# Division of Medical Assistance
# MassHealth Companion Guide

## to the

## X12N 276/277 (Version 4010A) Claim Status Inquiry Implementation Guide

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# Introduction

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## *What is HIPAA?*

The Health Insurance Portability and Accountability Act – Administrative Simplification (HIPAA-AS) requires that the Division of Medical Assistance (Division) , and all other health insurance payers in the United States, comply with the electronic data interchange standards for health care as established by the Secretary of Health and Human Services.  The ASC X12N 276/277 (Version 4010A) transaction is the established standard for Claim Status Inquiry.

## *Purpose of the Implementation Guide*

The X12N 276/277 Version 4010A Implementation Guide for ***Claim Status Inquiry*** has been established as the standard for claim status compliance.  The Implementation Guide is designed to assist those checking claim status to an insurance company, health care organization or government agency using the 276/277 transaction set.  Although the Implementation Guide contains requirements for use of specific segments and data elements within the segments, the guide was written for use by all health benefit payers.

## *How to obtain copies of the Implementation Guides*

The implementation guides for all HIPAA transactions are available electronically at www.wpc-edi.com/HIPAA.

## *Purpose of this Companion Guide*

This companion document was created for Trading Partners to supplement the 276/277 Implementation Guide.  It describes the data content, business rules and characteristics of both transaction sets required by the Division. The information in this guide supersedes all other communications from the Division regarding this electronic transaction.

## *Intended Audience*
The intended audience for this document is the technical area that is responsible for creating claim status inquiries and interpreting the claims status response received from the Division.

# General Information

Questions regarding any issues in this Companion Guide can be directed to the EDS Helpdesk at 1-800-462-7738.  Please refer to https:\\www.massrevs.eds.com for documentation regarding the use of the Recipient Eligibility Verification System (REVS) and the claim status subsystem.

# Establishing Connectivity with MassHealth

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The following information outlines the process for conducting electronic 276/277 transactions with the Division) for MassHealth. The information provided below may be revised as the 276/277 transmission options are expanded.

## Contact Name

| Type of Contact | Area Contact | Telephone Number | Email Address |
|---|---|---|---|
| **Technical** | REVS | 1-800-462-7738 | REVSHelpDesk@eds.com |

## Setup

The 276/277 transaction issued by the Division for MassHealth is available through Recipient Eligibility Verification System (REVS). The Trading Partners conducting the 276/277 transaction must have access to REVS.  This section provides information needed by the provider to establish connectivity with the Division for test and production.  It will include:

- Communications Software Recommendations (dial up, Internet, etc.)

- File software recommendation (PC emulation, modem, settings)

- Password Maintenance Instructions.


## Testing

This section describes the details that are needed for the testing phase.  Each trading partner wishing to process transactions in a batch environment will be tested.  Batch analysis will be done by the EDI coordinator. Call the technical contact to begin testing at the telephone number above.  Real-time transactions must be conducted through a predefined access method and do not require testing. Steps to follow prior to contacting the EDI technical contact:

- Review of this companion guide in conjunction with 276/277 implementation guide

- Trading Partner system preparation for development of a 276 transaction

- Test file generated timeline of 14 days or less

## Technical Requirements

This section describes the file attributes specific to the Division's system requirements.

**REVSpc software**

- Pentium Processor with Windows NT 4.0/9X/ME/ ME/2000/XP

- Minimum of  32 MB of RAM (128 MB Recommended)

- Minimum of  60 MB of free space on a hard disk

- CD ROM drive, phone modem and/or high speed internet access

- Microsoft Internet Explorer 4.0 or higher and/or Netscape 4.0 or higher with Internet connectivity, OR a modem (2400 or higher) connected to the PC with a phone line available

**WebREVS**

- Microsoft Internet Explorer 4.0 or higher and/or Netscape 4.0 or higher and/or AOL 5.0 or higher

- The browser may be functional,  but not supported

- Browser must be frame enabled, and the facility must be able to connect to an SSL site

**Batch**

- Requirement for batch ASC X12 276/277 Version 4010A text file

- Adherence to the compliance guidelines stated in this companion guide

## Reporting

The purpose of this section is to identify and describe claim status related reports issued by the Division for MassHealth. Detailed claim status reports are available on the WebREVS website and reports can also be produced via the REVSpc software application.

# MassHealth Specific Data Requirements

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## General Information

The following information is provided to clarify the code values, conditional data elements and segments that are used by the Division in creating the 276/277 transactions. The following information is designed to help Trading Partners parse the 276/277 transactions. This information is subject to change as the 276/277 transactions are updated.

## ISA Segment

### Example Format, Level and Loop Definition

| | | 276 Implementation Guide Data | | Payer Specific Data | |
|---|---|---|---|---|---|
| **Position** | **Segment ID / Data Element Number** | **Description** | **276 Requirements** | **MassHealth Instructions** | **TA105 value** |
| | | | | | |
| **Loop** | **____** | **INTERCHANGE CONTROL HEADER** | | | |
| **____** | **ISA** | **Interchange Control Header** | **Required** | **To start and identify an interchange of zero or more functional groups and interchange-related control segments.** | |
| | | | | **The first three characters in the transaction must be "ISA".** | **024** |
| | | | | **The fourth character or field separator value and must be a special character and cannot be the same as the segment separator or the component separator. One of the following is recommended: '~', '^', '*', '<', '>', '{', '}', '[', ']', '\|'.** | **026** |
| | | | | **The length of the ISA segment must be 106 characters in length.** | |
| | | | | **The last character of the segment, the segment separator, must be a special character and different from the field separator or the component separator. One of the following is recommended: '~', '^', '*', '<', '>', '{', '}', '[', ']', '\|'.** | **004** |
| | | | | **Each field on the segment must exactly the length as stated in the HIPAA guide.** | |
| **___** | **ISA01 / I01** | **Authorization Information Qualifier** | Required | Code to identify the type of information in the Authorization Information. Must equal "03". | 010 |
| **___** | **ISA02 / I02** | **Authorization Information** | Required | Information used for additional identification or authorization of the interchange sender or the data in the interchange; the Authorization Information Qualifier (I01) sets the type of information. This field must be equal to be REVS User ID, which is described in section 3.1.2 Security Validation. Invalid length. | 011 013 |

| | | | | | |
|---|---|---|---|---|---|
| | | | | Must be a four to seven character alphanumeric value filled to the right with spaces to equal exactly 10 characters in the field. The User ID must contain at least four unique letters. | |
| ___ | **ISA03 / I03** | **Security Information Qualifier** | Required | Code to identify the type of information in the Security Information.<br><br>Must equal "01". | 012 |
| ___ | **ISA04 / I04** | **Security Information** | Required | This is used for identifying the security information about the interchange sender or the data in the interchange; the Security Information Qualifier (I03) sets the type of information.<br><br>This field must be equal to be REVS User ID, which is described in section 3.1.2 Security Validation.<br><br>Invalid length.<br><br>Must be a four to eight character alphanumeric value filled to the right with spaces to equal exactly 10 characters in the field. The password must contain at least four unique letters and at least one number. | 013<br><br>013 |
| ___ | **ISA05 / I05** | **Interchange ID Qualifier** | Required | Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified.<br><br>Must equal "ZZ". | 005 |
| ___ | **ISA06 / I06** | **Interchange Sender ID** | Required | Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID Element.<br><br>Must be a valid DMA Provider ID that has been authorized for use by the User ID entered in ISA02.<br><br>Invalid length.<br><br>A valid DMA Provider ID is a seven character value. The first character must be alpha numeric and the last six characters must be numeric. The Provider ID must be present on the master provider file and valid for use by the User ID entered in ISA02. | 013<br><br>006<br><br>013 |
| ___ | **ISA07 / I05** | **Interchange ID Qualifier** | Required | Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified.<br><br>Must equal "ZZ". | 007 |
| ___ | **ISA08 / I07** | **Interchange Receiver ID** | Required | Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them.<br><br>Must equal "MASS XIX DMA   ". Three trailing spaces are required to equal fifteen characters. | 008 |
| ___ | **ISA09 / I08** | **Interchange Date** | Required | Date of the interchange.<br><br>Must be a valid date entered YYMMDD. | 014 |
| ___ | **ISA010 / I09** | **Interchange Time** | Required | Time of the interchange.<br><br>Must be a valid 24-hour time entered as HHMM. | 015 |
| ___ | **ISA011 / I10** | **Interchange Control Standards Identifier** | Required | Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer.<br><br>Must equal "U".<br><br>Invalid length. | 002<br><br>016 |

| | | | | | | |
|---|---|---|---|---|---|---|
| ___ | ISA012 / I11 | Interchange Control Version Number | Required | This version number covers the interchange control segments. | | |
| | | | | Must equal "00401". | 003 | |
| | | | | Invalid length. | 017 | |
| ___ | ISA013 / I12 | Interchange Control Number | Required | A control number assigned by the interchange sender. | | |
| | | | | Must be identical to IEA02 on the IEA segment. | 001 | |
| | | | | Invalid length or not numeric. | 018 | |
| ___ | ISA014 / I13 | Acknowledgment Requested | Required | Code sent by the sender to request an interchange acknowledgment (TA1). | N/A | |
| | | | | Can equal "0" when requesting immediate response or "1" for overnight batch. Regardless of the value, if an error condition is found on any of the four envelope segments, a TA1 transact response transaction will be returned. Please refer to the glossary for the definitions and requirements for immediate response and overnight batch. | | |
| ___ | ISA015 / I14 | Usage Indicator | Required | Code to indicate whether data enclosed by this interchange envelope is test, production or information. | N/A | |
| | | | | Can either be "T" or "P". | | |
| ___ | ISA016 / I15 | Component Element Separator | Required | Type is not applicable; the component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator. | 027 | |
| | | | | Can be any value other than the values selected as the segment separator and the field delimiter, but ":" (colon) is recommended. | | |

*ISA in the Request:*

ISA*03*USER ID  *01*PASSWORD *ZZ*MEDICAID PROVID*ZZ*MASS XIX DMA  *
930602*1253*U*00401*000000031*1*P*:~


*ISA in the Response:*

ISA*03*        *01*        *ZZ*MASS XIX DMA  *ZZ*MEDICAID PROVID*
930602*1253*U*00401*000000031*1*P*:~

No Loop Identifier Code is defined for the ISA segment.

## Assumptions

- The fourth character, "*" in the example above, is identified as the field separator throughout the entire transaction.

- The final or 106th character, "~" in the example above, is identified as the segment separator throughout the entire transaction.

- The 105th character, ":" in the example above, is identified as the component element separator throughout the entire transaction.

- To remain consistent with the HIPAA guide, the value "ISA" is defined in this document as ISA00.

- ISA02 and ISA04 are set to spaces on the response transaction.

- ISA06 and ISA08 are reversed on the response transaction.

## REVSpc Report - Numbered Error Messages

"Invalid EDI format. First segment must be ISA."

"ISA segment is not 106 characters long."

## REVSpc Report - Numbered Error Messages

"Invalid user ID in ISA segment (positions 8 - 17)."

"Invalid password in ISA segment (positions 22 - 31)."

# IEA Segment

## Example Format, Level and Loop Definition

| Position | Segment ID / Data Element Number | 276 / 277 Implementation Guide Data | | Payer Specific Data | TA105 value |
| --- | --- | --- | --- | --- | --- |
| | | Description | Requirements | MassHealth Instructions | |
| | | | | | |
| **Loop** | **____** | **INTERCHANGE CONTROL TRAILER** | | | |
| **____** | **IEA** | **Interchange Control Trailer** | **Required** | **To define the end of an interchange of zero or more functional groups and interchange-related control segments.** **The first three characters in the segment must be "IEA".** | **022** |
| **___** | **IEA01 / I16** | **Number of Included Functional Groups** | Required | A count of the number of functional groups included in an interchange. Must equal 1 for the transaction to qualify for immediate response. A value greater than one causes the entire transaction to be processed in a nightly batch process, with a response available within one business day. | 021 |
| **___** | **IEA02 / I12** | **Interchange Control Number** | Required | A control number assigned by the interchange sender. Must equal the value of ISA13 on the preceding ISA segment. | 001 |

IEA*1*000000905~

No Loop Identifier Code is defined for the IEA segment.

## Assumptions

- To remain consistent with the HIPAA guide, the value "IEA" is defined in this document as IEA00.

# REVSpc Report - Numbered Error Messages

## GS Segment

### Example Format, Level and Loop Definition

| | | 276 Implementation Guide Data | | Payer Specific Data | |
|---|---|---|---|---|---|
| Position | Segment ID / Data Element Number | Description | 276 Requirements | MassHealth Instructions | TA105 value or 997 AK... values |
| | | | | | |
| **Loop** | **____** | **FUNCTIONAL GROUP HEADER** | | | |
| **____** | **GS** | **Functional Group Header** | **Required** | **To indicate the beginning of a functional group and to provide control information.** <br><br>**The first two characters in the segment must be "GS".** | **TA105 = 023** |
| ___ | **GS01 / 479** | **Functional Identifier Code** | Required | Code identifying a group of application related transaction sets. <br><br>Must equal "HR" for a claim status inquiry or "HN" for a claim status response. | AK502 = 5 <br> AK905 = 1 |
| ___ | **GS02 / 142** | **Application Sender's Code** | Required | Code identifying party sending transmission; codes agreed to by trading partners. <br><br>This field must be equal to be REVS User ID, which is described in section 3.1.2 Security Validation. | AK3*GS***8~ <br> AK4*2*142*1~ |
| ___ | **GS03 / 124** | **Application Receiver's Code** | Required | Code identifying party receiving transmission. Codes agreed to by trading partners. <br><br>Must equal "MASS XIX DMA". | AK3*GS***8~ <br> AK4*3*124*7~ |
| ___ | **GS04 / 373** | **Date** | Required | Date expressed as CCYYMMDD. <br><br>Must be a valid date in the format CCYYMMDD. | AK3*GS***8~ <br> AK4*4*373*8~ |
| ___ | **GS05 / 337** | **Time** | Required | Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99). <br><br>Must be a valid 24-hour time in the format HHMM, but HHMMSS or HHMMSSD or HHMMSSDD is also accepted. | AK3*GS***8~ <br> AK4*5*337*9~ |
| ___ | **GS06 / 28** | **Group Control Number** | Required | Assigned number originated and maintained by the sender. <br><br>Can contain any value but must be identical to the value in GE02 of the GE segment. | TA105 = 021 |
| ___ | **GS07 / 455** | **Responsible Agency Code** | Required | Code used in conjunction with Data Element 480 to identify the issuer of the Standard. <br><br>Must equal "X". | AK3*GS***8~ <br> AK4*7*455*7~ |

| | | | | | |
|---|---|---|---|---|---|
| ___ | **GS08 / 480** | **Version / Release / Industry Identifier Code** | Required | Code indicating the version, release, sub release, and industry identifier of the EDI standard being used, including the GS and GE segments; if code in DE455 in GS segment is X, then in DE 480 positions 1-3 are the version number; positions 4-6 are the release and sub release, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user); if code in DE455 in GS segment is T, then other formats are allowed. | |
| | | | | Must equal "004010X93A1" when the transaction is 276/277. | AK502 = 5 AK905 = 2 |

*276 Claim Status Request:*

GS*HR*SENDER CODE*MASS XIX DMA*20020425*1215*1*X*004010X93A1~

*277 Claim Status Response:*

GS*HN*MASS XIX DMA*SENDER CODE*20020425*1215*1*X*004010X93A1~

No Loop Identifier Code is defined for the GS segment.

## Assumptions

- To remain consistent with the HIPAA guide, the value "GS" is defined in this document as GS00.

- The GS segment immediately follows the 106th character of the ISA segment.

- GS02 and GS03 are reversed on the response transaction.

- GS01 will equal "HR" for claim status request and "HN" for claim status response notification.

### REVSpc Report - Numbered Error Messages

# GE Segment

## Example Format, Level and Loop Definition

| | | **276 / 277 Implementation Guide Data** | | **Payer Specific Data** | |
|---|---|---|---|---|---|
| **Position** | **Segment ID / Data Element Number** | **Description** | **Requirements** | **MassHealth Instructions** | **TA105 value** |
| | | | | | |
| **Loop** | **____** | **FUNCTIONAL GROUP TRAILER** | | | |
| **____** | **GE** | **Functional Group Trailer** | **Required** | **To indicate the end of a functional group and to provide control information.** **The first two characters in the segment must be "GE".** | **023** |
| ___ | **GE01 / 97** | **Number of Transaction Sets Included** | Required | Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element. | |

| | | | | Must equal 1 for the transaction to qualify for immediate response. A value greater than one causes the entire transaction to be processed as overnight batch. | 024 |
|---|---|---|---|---|---|
| ___ | **GE02 / 28** | **Group Control Number** | Required | Assigned number originated and maintained by the sender.<br><br>Must equal the value of GS06 on the preceding GS segment. | 021 |

GE*1*1~

No Loop Identifier Code is defined for the GE segment.

## Assumptions

- To remain consistent with the HIPAA guide, the value "GE" is defined in this document as GE00.

### REVSpc Report - Numbered Error Messages

# ST Segment

## Example Format, Level and Loop Definition

| | | 276 / 277 Implementation Guide Data | | | Payer Specific Data | |
|---|---|---|---|---|---|---|
| **Position** | **Segment ID / Data Element Number** | **Description** | **276 Requirements** | | **MassHealth Instructions** | **997 AK... values** |
| | | | | | | |
| **Loop** | **____** | | | | | |
| ____ | **ST** | **Transaction Set Header** | **Required** | | **To indicate the start of a transaction set and to assign a control number.**<br><br>**The first two characters in the segment must be "ST".**<br><br>**The ST segment must immediately follow the GS segment for immediate response.**<br><br>**If a second ST segment is found prior to a GE segment, the entire transaction is processed as an overnight batch.** | **AK3*ST*1**3~** |
| **010** | **ST01 / 143** | **Transaction Set Identifier Code** | Required | | Code uniquely identifying a Transaction Set. If the value of GS01 is HR.<br><br>Must equal "276" if the value of GS01 is "HR". | AK502 = 1<br>AK905 = null |
| **010** | **ST02 / 329** | **Transaction Set Control Number** | Required | | Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set.<br><br>Must be identical to ST02 on the following SE segment. | AK502 = 3<br>AK905 = null |

ST*276*0001~                                                                                  *Claim Status Request*

| | 276 / 277 Implementation Guide Data | Payer Specific Data |
|---|---|---|

| Position | Segment ID / Data Element Number | Description | 277 Requirements | MassHealth Instructions | 997 AK... values |
|---|---|---|---|---|---|
| | | | | | |
| **Loop** | **____** | | | | |
| **____** | **ST** | **Transaction Set Header** | | **To indicate the start of a transaction set and to assign a control number.** **The first two characters in the segment must be "ST".** **The ST segment must immediately follow the GS segment for immediate response.** **If a second ST segment if found prior to a GE segment, the entire transaction is processed as an overnight batch.** | **AK3*ST*1**3~** |
| **010** | **ST01 / 143** | **Transaction Set Identifier Code** | Required | Code uniquely identifying a Transaction Set. If the value of GS01 is equal to HN. Must equal "277" if the value of GS01 is "HN". | AK502 = 1 AK905 = null |
| **010** | **ST02 / 329** | **Transaction Set Control Number** | Required | Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set. Must be identical to ST02 on the following SE segment. | AK502 = 3 AK905 = null |

ST*277*0001~                                                                *Claim Status Response*

No Loop Identifier Code is defined for the ST segment.

## Assumptions

- To remain consistent with the HIPAA guide, the value "ST" is defined in this document as ST00.

- On the response, ST01 will equal "277" when the value of GS01 is "HN".

### REVSpc Report - Numbered Error Messages

# SE Segment

## Example Format, Level and Loop Definition

| | | 276 / 277 Implementation Guide Data | | Payer Specific Data | |
|---|---|---|---|---|---|
| **Position** | **Segment ID / Data Element Number** | **Description** | **Requirements** | **MassHealth Instructions** | **997 AK... values** |
| | | | | | |
| **Loop** | **____** | **Transaction Set Trailer** | | | |
| **____** | **SE** | **Transaction Set Trailer** | **Required** | **To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments).** | |

| Position | Segment ID / Data Element Number | Description | 276 Requirements | MassHealth Instructions | 997 AK... values |
|---|---|---|---|---|---|
| | | | | The first two characters in the segment, must be "SE". | AK502 = 2 AK905 = null |
| 160 | SE01 / 96 | Number of Included Segments | Required | Total number of segments included in a transaction set including ST and SE segments. Must equal the total number of segments including the beginning ST and ending SE segments. | AK502 = 4 AK905 = null |
| 160 | SE02 / 329 | Transaction Set Control Number | Required | Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set. Must be identical to the value of ST02 on the preceding ST segment. | AK502 = 3 AK905 = null |

SE*13*0001~

## Assumptions

- To remain consistent with the HIPAA guide, the value "SE" is defined in this document as SE00.

- No Loop Identifier Code is defined for the SE segment.

## REVSpc Report - Numbered Error Messages

1. "Session count shows incomplete transmission"

# BHT Segment

## Example Format, Level and Loop Definition

| | 276 / 277 Implementation Guide Data | | | Payer Specific Data | |
|---|---|---|---|---|---|
| Position | Segment ID / Data Element Number | Description | 276 Requirements | MassHealth Instructions | 997 AK... values |
| | | | | | |
| Loop | ____ | Beginning of Hierarchical Transaction | | | |
| ____ | BHT | Transaction Set Trailer | Required | To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time. The first three characters in the segment must be "BHT". | AK3*BHT*2**3~ |
| 020 | BHT101 / 1005 | Hierarchical Structure Code | Required | Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set. Must equal "0010" for the 276 transaction. Please note that this implementation of claim status ignores the dependent level if present on the request. | AK304 = 8 AK4*1*1005*7*B HT01 value~ |
| 020 | BHT02 / | Transaction Set | Required | Code identifying purpose of transaction set. | |

| | 353 | **Purpose Code** | | Must equal "13" for both request transactions. | AK304 = 8<br><br>AK4*2*353*7* BHT02 value~ |
|---|---|---|---|---|---|
| **020** | **BHT03 / 127** | **Reference Identification** | Not Used | Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.<br><br>Is not used and should not be entered for the 276 transaction. | AK304 = 8<br><br>AK4*3*127*10* BHT03 value~ |
| **020** | **BHT04 / 373** | **Date** | Required | Date expressed as CCYYMMDD.<br><br>Must be a valid date in the format CCYYMMDD. It cannot be a date in the future. | AK304 = 8<br><br>AK4*4*373*8* BHT04 value~ |
| **020** | **BHT05 / 337** | **Time** | Not Used | Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99).<br><br>Should not be coded and will be ignored for the 276 transaction. | AK304 = 8<br><br>AK4*5*337*10* BHT05 value~ |
| **020** | **BHT06** | **Transaction Type Code** | Not Used | Code specifying the type of transaction.<br><br>Should not be coded for either transaction. | AK304 = 8<br><br>AK4*6*640*10* BHT06 value~ |

*276 Claim Status Request:*

BHT*0010*13**20020411~

No Loop Identifier Code is defined for the BHT segment.

## Assumptions

- To remain consistent with the HIPAA guide, the value "BHT" is defined in this document as BHT00.

### REVSpc Report - Numbered Error Messages

## HL Segment

### Example Format, Level and Loop Definition

| | | 276 Implementation Guide Data | | Payer Specific Data | |
|---|---|---|---|---|---|
| **Position** | **Segment ID / Data Element Number** | **Description** | **276 Requirements** | **MassHealth**<br><br>**Instructions** | **997 AK... values** |
| | | | | | |

| Loop | 2000A | INFORMATION SOURCE LEVEL | | | |
|------|-------|--------------------------|---|---|---|
| **2000** | **HL** | **Hierarchical Level** | **Required** | **To identify dependencies among and the content of hierarchically related groups of data segments.** **HL segment is required to occur only one time.** **The first two characters in the segment must be "HL".** | **AK3\*HL\*..\*..\*3~** |
| **010** | **HL01 / 628** | **Hierarchical ID Number** | Required | A unique number assigned by the sender to identify a particular data segment in a hierarchical structure. Must be a numeric value that increments by one for each HL segment within the transaction set. | AK304 = 8 AK4\*1\*628\*7\* HL01 value~ |
| **010** | **HL02 / 734** | **Hierarchical Parent ID Number** | Not Used | Must be empty for the Information Source HL segment. | AK3\*HL\*3\*\*8~ AK4\*2\*734\*10\* HL02 value~ |
| **010** | **HL03 / 735** | **Hierarchical Level Code** | Required | Code defining the characteristic of a level in a hierarchical structure. Must equal "20" for the Information Source HL segment. | AK3\*HL\*3\* 2000A\*3~ AK4\*3\*735\*7\* HL03 value~ |
| **010** | **HL04 / 736** | **Hierarchical Child Code** | Required | Code indicating if there are hierarchical child data segments subordinate to the level being described. Must equal "1" for all HL segments other than the Subscriber HL segment for which the value must be "1". | AK304 = 8 AK4\*4\*736\*7\* HL04 value~ |

HL\*1\*\*20\*1~                                        *Information Source Level - Loop 2000A*

| | | 276 Implementation Guide Data | | Payer Specific Data | |
|---|---|---|---|---|---|
| **Position** | **Segment ID / Data Element Number** | **Description** | **276 Requirements** | **MassHealth** **Instructions** | **997 AK... values** |
| | | | | | |
| Loop | 2000B | INFORMATION SOURCE LEVEL | | | |
| **2000** | **HL** | **Hierarchical Level** | **Required** | **To identify dependencies among and the content of hierarchically related groups of data segments.** **HL segment is required to occur only one time.** **The first two characters in the segment must be "HL".** | **AK3\*HL\*..\*..\*3~** |
| **010** | **HL01 / 628** | **Hierarchical ID Number** | Required | A unique number assigned by the sender to identify a particular data segment in a hierarchical structure. Must be a numeric value that increments by one for each | |

| Position | Segment ID / Data Element Number | Description | 276 Requirements | MassHealth Instructions | 997 AK... values |
|---|---|---|---|---|---|
| | | | | HL segment within the transaction set. | AK304 = 8<br><br>AK4*1*628*7* HL01 value~ |
| 010 | HL02 / 734 | Hierarchical Parent ID Number | Required | Must contain the HL01 value of the previous HL or parent HL segment for all other levels. | AK304 = 8<br><br>AK4*2*734*7* HL02 value~ |
| 010 | HL03 / 735 | Hierarchical Level Code | Required | Code defining the characteristic of a level in a hierarchical structure.<br><br>Must equal "21" for the Information Source HL segment. | AK3*HL*5* 2000B*3~<br><br>AK4*3*735*7* HL03 value~ |
| 010 | HL04 / 736 | Hierarchical Child Code | Required | Code indicating if there are hierarchical child data segments subordinate to the level being described.<br><br>Must equal "1" for all HL segments other than the Subscriber HL segment for which the value must be "1". | AK304 = 8<br><br>AK4*4*736*7* HL04 value~ |

HL*2*1*21*1~                                        *Information Receiver Level - Loop 2000B*

| | | 276 Implementation Guide Data | | Payer Specific Data | |
|---|---|---|---|---|---|
| Position | Segment ID / Data Element Number | Description | 276 Requirements | MassHealth Instructions | 997 AK... values |
| | | | | | |
| **Loop** | **2000C** | **INFORMATION SOURCE LEVEL** | | | |
| **2000** | **HL** | **Hierarchical Level** | **Required** | **To identify dependencies among and the content of hierarchically related groups of data segments.**<br><br>**For a transaction in batch mode this HL segment may occur multiple times, each time containing a unique member for a member with a unique DTP segment.**<br><br>**The first two characters in the segment, must be "HL".**<br><br>**More than the maximum (1 at this time) HL segments are present at the subscriber level.** | **AK3*HL*..*..*3~** |
| 010 | HL01 / 628 | Hierarchical ID Number | Required | A unique number assigned by the sender to identify a particular data segment in a hierarchical structure.<br><br>Must be a numeric value that increments by one for each HL segment within the transaction set. | AK304 = 8<br><br>AK4*1*628*7* HL01 value~ |
| 010 | HL02 / 734 | Hierarchical Parent ID | Required | Must contain the HL01 value of the previous HL or parent HL segment for all other levels. | AK304 = 8 |

| Position | Segment ID / Data Element Number | Description | 276 Requirements | MassHealth Instructions | 997 AK... values |
|---|---|---|---|---|---|
| | | **Number** | | | AK4*2*734*7* HL02 value~ |
| 010 | HL03 / 735 | Hierarchical Level Code | Required | Code defining the characteristic of a level in a hierarchical structure. Must equal "22" for the Information Source HL segment. | AK304 = 3 AK4*3*735*7* HL03 value~ |
| 010 | HL04 / 736 | Hierarchical Child Code | Required | Code indicating if there are hierarchical child data segments subordinate to the level being described. Must equal "1" for all HL segments other than the Subscriber HL segment for which the value must be "0". | AK304 = 8 AK4*4*736*7* HL04 value~ |

HL*3*2*19*1~                              *Service Provider Level(276 txn) - Loop 2000C*

| | | 276 / 277 Implementation Guide Data | | Payer Specific Data | |
|---|---|---|---|---|---|
| **Position** | **Segment ID / Data Element Number** | **Description** | **276 Requirements** | **MassHealth Instructions** | **997 AK... values** |
| | | | | | |
| **Loop** | **2000D** | **INFORMATION SOURCE LEVEL** | | | |
| **2000** | **HL** | **Hierarchical Level** | **Required** | **To identify dependencies among and the content of hierarchically related groups of data segments.** **The first two characters in the segment, must be "HL".** **More than the maximum (1 at this time) HL segments are present at the subscriber level.** | **AK3*HL*..*..*3~** |
| 010 | HL01 / 628 | Hierarchical ID Number | Required | A unique number assigned by the sender to identify a particular data segment in a hierarchical structure. Must be a numeric value that increments by one for each HL segment within the transaction set. | AK304 = 8 AK4*1*628*7* HL01 value~ |
| 010 | HL02 / 734 | Hierarchical Parent ID Number | Required | Must contain the HL01 value of the previous HL or parent HL segment for all other levels. | AK304 = 8 AK4*2*734*7* HL02 value~ |
| 010 | HL03 / 735 | Hierarchical Level Code | Required | Code defining the characteristic of a level in a hierarchical structure. Must equal "22" for the Information Source HL segment. | AK304 = 3 AK4*3*735*7* HL03 value~ |
| 010 | HL04 / 736 | Hierarchical Child Code | Required | Code indicating if there are hierarchical child data segments subordinate to the level being described. | |

| | | | | Must equal "1" for all HL segments other than the Subscriber HL segment for which the value must be "0". | AK304 = 8 <br><br> AK4*4*736*7* HL04 value~ |
|---|---|---|---|---|---|

HL*4*3*22*0~                                     *Subscriber Level(276 txn) - Loop 2000D*

## Assumptions

- To remain consistent with the HIPAA guide, the value "HL" is defined in this document as HL00.

- The REVS implementation of the HIPAA 276 transaction set does not recognize the Dependent Loop.

- The real time implementation of the HIPAA 276 transaction set recognizes only one occurrence of the HL segment for each of the hierarchical levels within each ST through SE transaction set. Additional occurrences of this segment and the segments included within the additional HL loop will be ignored.

- The HIPAA 277 real time response transactions for claim status will include up to 100 recipient level loops beginning with the HL segment. Each loop contains the status information of a claim that satisfies the request criteria up to 99 loops. The 100th loop, if present, indicates by codes in the STC segment that more that 99 claims on the database satisfies the criteria.

### REVSpc Report - Numbered Error Messages

# NM1 Segment

## Example Format, Level and Loop Definition

| | | 276  Implementation Guide Data | | | Payer Specific Data | |
|---|---|---|---|---|---|---|
| **Position** | **Segment ID / Data Element Number** | **Description** | **276 Requirements** | | **MassHealth Instructions** | **997 AK... values** |
| | | | | | | |
| **Loop** | **2100A** | **Information Source Name** | | | | |
| **2100** | **NM1** | **Individual or Organizational Name** | **Required** | | **To supply the full name of an individual or organizational entity.**<br><br>**The first three characters in the segment, must be "NM1".**<br><br>**One and only one NM1 segment is required following each HL segment.** | **AK3\*NM1\*..\*..\*3~** |
| **030** | **NM101 / 98** | **Entity Identifier Code** | Required | | Code identifying an organizational entity, a physical location, property or an individual.<br><br>Must equal PR | AK3\*NM1\*4\* 2100A\*8~<br><br>AK4\*1\*98\*7\* NM101 value~ |
| **030** | **NM102 /** | **Entity Type** | Required | | Code qualifying the type of entity. | |

| | 1065 | Qualifier | | Must equal 2 | AK304 = 8 <br> AK4*2*1065*7* <br> NM102 value~ |
|---|---|---|---|---|---|
| 030 | NM103 / 1035 | Name Last or Organization Name | Required | Individual Last Name or Organizational name. <br><br> Must equal Massachusetts Medicaid. | AK304 = 8 <br> AK4*3*1035*7* <br> NM103 value~ |
| 030 | NM104 / 1036 | Name First | Not Used | Individual first name. | N/A |
| 030 | NM105 / 1037 | Name Middle | Not Used | Individual middle name or initial. | N/A |
| 030 | NM106 / 1038 | Name Prefix | Not Used | Prefix to individual name. | N/A |
| 030 | NM107 / 1039 | Name Suffix | Not Used | Suffix to individual name. | N/A |
| 030 | NM108 / 66 | Identification Code Qualifier | Required | Code designating the system/method of code structure used for Identification Code (67). <br><br> Must equal "PI". | AK304 = 8 <br> AK4*8*66*7* <br> NM108 value~ |
| 030 | NM109 / 67 | Identification Code | Required | Code identifying a party or other code. <br><br> Must equal "MASS XIX DMA". | AK304 = 8 <br> AK4*9*67*7* <br> NM109 value~ |
| 030 | NM110 / 706 | Entity Relationship Code | Not Used | | N/A |
| 030 | NM111 / 98 | Entity Identifier Code | Not Used | | N/A |

*Both Request Transaction Types*

*Information Source Level - Loop 2100A*

NM1*PR*2*MASSACHUSETTS MEDICAID*****PI*MASS XIX DMA~      *Trading Partner Name*

| | 276 Implementation Guide Data | | | Payer Specific Data | |
|---|---|---|---|---|---|
| Position | Segment ID / Data Element Number | Description | 276 Requirements | MassHealth Instructions | 997 AK... values |
| | | | | | |
| Loop | 2100B | Information Receiver Name | | | |
| 2100 | NM1 | Individual or Organizational Name | Required | To supply the full name of an individual or organizational entity. <br> The first three characters in the segment, must be "NM1". <br> One and only one NM1 segment is required | AK3*NM1*..*..*3~ |

| | | | | | |
|---|---|---|---|---|---|
| | | | | following each HL segment. **The NM109 value must have a length of seven. The first position must be alphanumeric and the last six positions must be numeric.** **The provider number coded in NM109 for the 270 transaction must be found with a valid status on the REVS Provider Master File.** | |
| 030 | NM101 / 98 | Entity Identifier Code | Required | Code identifying an organizational entity, a physical location, property or an individual. Must equal 1P | AK304 = 8 AK4*1*98*7* NM101 value~ |
| 030 | NM102 / 1065 | Entity Type Qualifier | Required | Code qualifying the type of entity. Must equal 1 or 2 | AK304 = 8 AK4*2*1065*7* NM102 value~ |
| 030 | NM103 / 1035 | Name Last or Organization Name | Required | Individual Last Name or Organizational name. Must equal Provider Name. | AK304 = 8 AK4*3*1035*7* NM103 value~ |
| 030 | NM104 / 1036 | Name First | Situational | Individual first name. Required if NM1 02 is equal to 1. Otherwise not used. | N/A |
| 030 | NM105 / 1037 | Name Middle | Not Used | Individual middle name or initial. | N/A |
| 030 | NM106 / 1038 | Name Prefix | Not Used | Prefix to individual name. | N/A |
| 030 | NM107 / 1039 | Name Suffix | Not Used | Suffix to individual name. | N/A |
| 030 | NM108 / 66 | Identification Code Qualifier | Required | Code designating the system/method of code structure used for Identification Code (67). Must equal "SV". | AK304 = 8 AK4*8*66*7* NM108 value |
| 030 | NM109 / 67 | Identification Code | Required | Code identifying a party or other code. Must equal the value of ISA06, a valid MassHealth provider number. | AK304 = 8 AK4*9*67*7* NM109 value~ |
| 050 | NM110 / 706 | Entity Relationship Code | Not Used | | N/A |
| 050 | NM111 / 98 | Entity Identifier Code | Not Used | | N/A |

*Claim Status Request Transaction*

*Information Receiver Level - Loop 2100B*

NM1*41*2*XYZ Billing Agency*****46*XYZBILL~          *Trading Partner Name & Number*

| 276 / 277 Implementation Guide Data | | | | Payer Specific Data | |
|---|---|---|---|---|---|
| **Position** | **Segment ID / Data Element Number** | **Description** | **276 Requirements** | **MassHealth Instructions** | **997 AK... values** |
| | | | | | |
| **Loop** | **2100C** | **Service Provider Name** | | | |
| **2100** | **NM1** | **Individual or Organizational Name** | **Required** | To supply the full name of an individual or organizational entity.<br><br>The first three characters in the segment, must be "NM1".<br><br>One and only one NM1 segment is required following each HL segment.<br><br>If the member ID is not coded in NM109 and the member's card ID and sequence number are not coded of the REF*GH*... segment, the member's last name and first initial are required in the NM103 and NM104 fields.<br><br>If NM108 equals "MI" at the Subscriber Level, NM109 must equal a valid Member ID. The Member ID must contain exactly nine alphanumeric characters. The last seven positions must be numeric.<br><br>NM102 through NM107 should follow the HIPAA guidelines for all levels other than the Information Source Hierarchical Level. | **AK3*NM1*..*..*3~** |
| **050** | **NM101 / 98** | **Entity Identifier Code** | Required | Code identifying an organizational entity, a physical location, property or an individual.<br><br>Must equal 1P | AK304 = 8<br><br>AK4*1*98*7* NM101 value~ |
| **050** | **NM102 / 1065** | **Entity Type Qualifier** | Required | Code qualifying the type of entity.<br><br>Must equal 1 | AK304 = 8<br><br>AK4*2*1065*7* NM102 value~ |
| **050** | **NM103 / 1035** | **Name Last or Organization Name** | Required | Individual Last Name or Organizational name.<br><br>Must equal XYZ Hospital. | AK304 = 8<br><br>AK4*3*1035*7* NM103 value~ |
| **050** | **NM104 / 1036** | **Name First** | Situational | Individual first name. | N/A |
| **050** | **NM105 / 1037** | **Name Middle** | Not Used | Individual middle name or initial. | N/A |
| **050** | **NM106 / 1038** | **Name Prefix** | Not Used | Prefix to individual name. | N/A |
| **050** | **NM107 / 1039** | **Name Suffix** | Not Used | Suffix to individual name. | N/A |
| **050** | **NM108 /** | **Identification** | Required | Code designating the system/method of code structure | |

| Position | Segment ID / Data Element Number | Description | 276 Requirements | MassHealth Instructions | 997 AK... values or AAA03 value |
|---|---|---|---|---|---|
| | 66 | Code Qualifier | | used for Identification Code (67). <br><br> Must equal "SV". | AK304 = 8 <br><br> AK4*8*66*7* NM108 value~ |
| 050 | NM109 / 67 | Identification Code | Required | Code identifying a party or other code. <br><br> Must equal the value of ISA06, a valid Provider Number. | AK304 = 8 <br><br> AK4*9*67*7* NM109 value~ |
| 050 | NM110 / 706 | Entity Relationship Code | Not Used | | N/A |
| 050 | NM111 / 98 | Entity Identifier Code | Not Used | | N/A |

*Service Provider Level - Loop 2100C*

NM1*1P*1*XYZ HOSPITAL*****SV*0020149~                    *Provider Name & Number*

| | 276 / 277 Implementation Guide Data | | | Payer Specific Data | |
|---|---|---|---|---|---|
| Position | Segment ID / Data Element Number | Description | 276 Requirements | MassHealth Instructions | 997 AK... values or AAA03 value |
| | | | | | |
| Loop | 2100C | Subscriber Name | | | |
| 2100 | NM1 | Individual or Organizational Name | Required | To supply the full name of an individual or organizational entity. <br><br> The first three characters in the segment, must be "NM1". <br><br> One and only one NM1 segment is required following each HL segment. <br><br> If the member ID is not coded in NM109 and the member's card ID and sequence number are not coded of the REF*GH*... segment, the member's last name and first initial are required in the NM103 and NM104 fields. <br><br> If NM108 equals "MI" at the Subscriber Level, NM109 must equal a valid Member ID. The Member ID must contain exactly nine alphanumeric characters. The last seven positions must be numeric. <br><br> NM102 through NM107 should follow the HIPAA guidelines for all levels other than the Information Source Hierarchical Level. <br><br> NM102 through NM105 are required for the 276 claim status transaction at the Subscriber Level. | AK3*NM1*..*..*3~ |
| 050 | NM101 / 98 | Entity Identifier Code | Required | Code identifying an organizational entity, a physical location, property or an individual. | AK304 = 8 <br><br> AK4*1*98*7* |

| | | | | | Must equal QC | NM101 value~ |
|---|---|---|---|---|---|---|
| 050 | NM102 / 1065 | Entity Type Qualifier | Required | Code qualifying the type of entity.<br><br>Must equal 1 | | AK304 = 8<br><br>AK4*2*1065*7* NM102 value~ |
| 050 | NM103 / 1035 | Name Last or Organization Name | Required | Individual Last Name or Organizational name.<br>Must contain at least one character, does not need to be related to subscriber information.<br>Recommended value equal to "A"<br>Must equal Individual Last Name. | | AK304 = 8<br><br>AK4*3*1035*7* NM103 value~ |
| 050 | NM104 / 1036 | Name First | Required | Individual first name.<br>Must contain at least one character, does not need to be related to subscriber information.<br>Recommended value equal to "A" | | N/A |
| 050 | NM105 / 1037 | Name Middle | Situational | Individual middle name or initial. | | N/A |
| 050 | NM106 / 1038 | Name Prefix | Not Used | Prefix to individual name. | | N/A |
| 050 | NM107 / 1039 | Name Suffix | Not Used | Suffix to individual name. | | N/A |
| 050 | NM108 / 66 | Identification Code Qualifier | Required | Code designating the system/method of code structure used for Identification Code (67).<br><br>Must equal "MI". | | AK304 = 8<br><br>AK4*8*66*7* NM108 value~ |
| 050 | NM109 / 67 | Identification Code | Required | Code identifying a party or other code.<br><br>Must equal a valid Member Number.<br>If inquiring by TCN or Medical Record Number (Patient Account Number), does not need to be related to subscriber information. | | AK304 = 8<br><br>AK4*9*67*7* NM109 value~ |
| 050 | NM110 / 706 | Entity Relationship Code | Not Used | | | N/A |
| 050 | NM111 / 98 | Entity Identifier Code | Not Used | | | N/A |

*Subscriber Level - Loop 2100D*

NM1*QC*1*SMITH*LUCY*B***MI*321321321~        *Member Name & Number*

## Assumptions

- To remain consistent with the HIPAA guide, the value "NM1" is defined in this document as NM100.

- If a provider uses a billing agency to request claim status information, the MassHealth provider is responsible to add or link the agency to the billing provider number by using the WebREVS Security Subordinate Maintenance Screen. If the User ID entered on the Information Receiver Level NM1 segment belongs to a provider or subordinate, a WebREVS Security application record must exist having a joint key of the User ID and the provider number entered on the Service Provider Level NM1 segment.

- When the Medicaid Member Identification Number is used as the inquiry variable, NM108 must equal "MI" and NM109 must contain the member ID number.

- On the response transaction at the subscriber level, member name and number from the Information Source database will replace any values present on the request NM1 segment.

## REVSpc Report - Numbered Error Messages

1. "Invalid RID"

# REF Segment

## Example Format, Level and Loop Definition

| | | 276 / 277 Implementation Guide Data | | | Payer Specific Data | |
|---|---|---|---|---|---|---|
| **Position** | **Segment ID / Data Element Number** | **Description** | **276 Requirements** | | **MassHealth Instructions** | **997 AK... values or STC.. value** |
| | | | | | | |
| **Loop** | **2200D** | **CLAIM SUBMITTER TRACE NUMBER** | | | | |
| **2200** | **REF** | **Reference Identification** | **Situational** | | **To specify identifying information.** <br> **The first three characters in the segment, must be "REF".** | **AK3*REF*..* 2000B*3~** |
| **100** | **REF01 / 128** | **Reference Identification Qualifier** | Required | | Code qualifying the Reference Identification. <br><br> A REF segment with REF01 equal "1K" is allowed at the claim level for the 276 claim status request transaction. The value in REF02 is the MassHealth TCN (Transaction Control Number). The length of the REF02 value must be either nine or ten characters. <br><br> A REF segment with REF01 equal "EA" is allowed at the claim level for the 276 claim status request transaction. The value in REF02 is the provider's medical record number and can be any non-blank value. | STC… <br><br><br><br><br> STC… |
| **100** | **REF02 / 127** | **Reference Identification** | Required | | Reference information as defined for a particular transaction Set or as specified by the Reference Identification Qualifier. | |
| **100** | **REF03 / 352** | **Description** | Not Used | | A free-form description to clarify the related data elements and their content. | |
| **100** | **REF04 / C040** | **REFERENCE IDENTIFIER** | Not Used | | | |

*276 Claim Status Request*

*Claim Level - Loop 2200D*

REF*1K*1092ACS641~                               *Claim Reference Number*

REF*EA*1234567890123~                         *Medical Record Number*

| | 276 / 277 Implementation Guide Data | | | Payer Specific Data | |
|---|---|---|---|---|---|
| Position | Segment ID / Data Element Number | Description | 277 Requirements | MassHealth Instructions | 997 AK... values or STC.. value |
| | | | | | |
| Loop | 2200D | CLAIM SUBMITTER TRACE NUMBER | | | |
| 2200 | REF | Reference Identification | Situational | To specify identifying information. The first three characters in the segment, must be "REF". | AK3*REF*..* 2000B*3~ |
| 100 | REF01 / 128 | Reference Identification Qualifier | Required | Code qualifying the Reference Identification. A REF segment with REF01 equal "1K" is allowed at the claim level for the 277 claim status request transaction. The value in REF02 is the MassHealth TCN (Transaction Control Number). The length of the REF02 value must be either nine or ten characters. A REF segment with REF01 equal "EA" is allowed at the claim level for the 277 claim status request transaction. The value in REF02 is the provider's medical record number and can be any non-blank value. | STC... STC... |
| 100 | REF02 / 127 | Reference Identification | Required | Reference information as defined for a particular transaction Set or as specified by the Reference Identification Qualifier. | |
| 100 | REF03 / 352 | Description | Not Used | A free-form description to clarify the related data elements and their content. | |
| 100 | REF04 / C040 | REFERENCE IDENTIFIER | Not Used | | |

*277 Claim Status Request*

    *Claim Level - Loop 2200D*

REF*1K*1092ACS641~                               *Claim Reference Number*

REF*EA*1234567890123~                         *Medical Record Number*

## Assumptions

- To remain consistent with the HIPAA guide, the value "REF" is defined in this document as REF00.

- This segment can be coded at the claim or detail levels on the 276 claim status request transaction. When coded at the detail level, the REF segment is ignored.

- More than the HIPAA allowed maximum of 3 REF segments will be ignored when included within the 276 claim status request transaction. None of the REF segments are required.

- When coded on the 276 claim status request transaction, REF segments with REF01 other than "1K" and "EA" are ignored.

- The claim reference number (TCN) is available to the provider on the RA. When this field is present on the 276 REF*1K*... segment, it will serve as the primary search value for claim(s) on the REVS database. If no claim for this provider is found with this TCN, the member ID entered on the subscriber detail NM1 segment will be used as the search key. When only nine characters of the 10-character TCN are entered in REF02 field all claim records having the same first nine characters will be returned in the response.

- When a REF*EA*... segment is received within a 276 transaction, it is used with the billing provider number as claim selection criteria if the TCN and Member ID fields do not return at least one claim.

## REVSpc Report - Numbered Error Messages

1. "Card Number not numeric"
2. "Sequence number is missing for card"
3. "Invalid sequence number "

# DMG Segment

## Example Format, Level and Loop Definition

| | | 276 Implementation Guide Data | | | Payer Specific Data | |
|---|---|---|---|---|---|---|
| Position | Segment ID / Data Element Number | Description | 276 Requirements | | MassHealth Instructions | 997 AK... values or STC.. value |
| | | | | | | |
| **Loop** | **2100C** | **Subscriber Demographic Information** | | | | |
| **2100** | **DMG** | **Subscriber Name** | **Required** | | **To supply demographic information.** **The first three characters in the segment, must be "DMG".** | |
| 100 | DMG01 / 1250 | Date Time Period Format Qualifier | Required | | Code indicating the date format, time format, or date and time format. Required when inquiring by name. Must equal "D8". | AK3*DMG*..**8~ AK4*1*1250*7*D MG01 value~ |
| 100 | DMG02 / 1251 | Date Time Period | Required | | Expression of a date, a time, or range of dates, times or dates and times. Must be a valid date in the CCYYMMDD format. Required when inquiring by name. Must be a non-future date. | AK3*DMG*..**8~ AK4*1*1251*8*D MG02 value~ |
| 100 | DMG03 / 1068 | Gender Code | Required | | Code indicating the sex of the individual. Must equal "F", "M" or "U" when coded on the 276 transaction. | AK3*DMG*..**8~ AK4*1*1068*7*D MG03 value~ |
| 100 | DMG04 / 1067 | Marital Status Code | Not Used | | | |

| | 1067 | Code | | | |
|-----|------|------|--------|--|--|
| 100 | DMG05 / 1109 | Race or Ethnicity Code | Not Used | | |
| 100 | DMG06 / 1066 | Citizenship Status Code | Not Used | | |
| 100 | DMG07 / 26 | Country Code | Not Used | | |
| 100 | DMG08 / 659 | Basis of Verification Code | Not Used | | |
| 100 | DMG09 / 380 | Quantity | Not Used | | |

*276 Claim Status Request*

*Subscriber Level - Loop 2000D*

DMG*D8*19981224*M~                                    *Subscriber Date of birth and gender*

## Assumptions

- To remain consistent with the HIPAA guide, the value "DMG" is defined in this document as DMG00.

- The DMG segment is coded within the subscriber loop on the 276 claim status request transaction. Please note that the Loop IDs at this level are different for the two request transactions.

## REVSpc Report - Numbered Error Messages

1. "Unrecognized date of birth format"
2. "Invalid birth date. Expect CCYYMMDD format"
3. "Invalid Gender".

# TRN Segment

## Example Format, Level and Loop Definition

| | | 276 / 277 Implementation Guide Data | | | Payer Specific Data | |
|----------|-------------------------------------|-------------|-----------------|------------------------------|-----------------------------|
| Position | Segment ID / Data Element Number | Description | 276 Requirements | MassHealth Instructions | 997 AK... values or STC.. value |
| | | | | | |
| **Loop** | **2200D** | **CLAIM SUBMITTER TRACE NUMBER** | | | |
| **2200** | **TRN** | **Trace** | **Required** | **To uniquely identify a transaction to an application.** **TRN00, the first three characters in the segment, must be "TRN".** **The TRN segment is required for the 276 claim status request transaction.** | **AK3*TRN*..* 2000C*3~** |
| **090** | **TRN01 / 481** | **Trace Type Code** | Required | Code identifying which transaction is being referenced. | |

| | | | | Must equal "1" for the 276 claim status request transaction. | |
|---|---|---|---|---|---|
| **090** | **TRN02 / 127** | **Reference Identification** | Required | Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.<br><br>Must equal present but the value will not be edited for the 276 claim status request transaction. | |
| **090** | **TRN03 / 509** | **Originating Company Identifier** | Not Used | Code indicating the gender of the individual. | |
| **090** | **TRN04 / 127** | **Reference Identification** | Not Used | | |

*276 Claim Status Transaction*

*Claim Submitter Trace - Loop 2200D*

TRN*1*1234567890123~                                    *Transaction Originator Trace Number*

## Assumptions

- To remain consistent with the HIPAA guide, the value "TRN" is defined in this document as TRN00.

- The TRN segment can occur at the subscriber level on the 270 eligibility verification transaction but is not required. If the TRN segment is present on the 270, none of the fields on the segment will be edited. The unaltered segment will be returned on the resulting 271 response transaction.

- For the 276 claim status request transaction the TRN segment is required when the subscriber is the patient. Because in the MassHealth implementation of HIPAA, the subscriber is always the patient, this segment is always required.

- The TRN segment received on the 276 claim status request transaction will be returned unaltered on the 277 response transaction except that TRN01 will be changed to "2".

# AMT Segment

## Example Format, Level and Loop Definition

| | | 276 / 277 Implementation Guide Data | | Payer Specific Data | |
|---|---|---|---|---|---|
| **Position** | **Segment ID / Data Element Number** | **Description** | **276 Requirements** | **MassHealth**<br><br>**Instructions** | **997 AK... values**<br><br>**or STC.. value** |
| | | | | | |
| **Loop** | **2200D** | **CLAIM SUBMITTER TRACE NUMBER** | | | |
| **2200** | **AMT** | **Monetary Amount** | **Required** | **To indicate the total monetary amount.**<br><br>**The first three characters in the segment, must be "AMT".**<br><br>**The AMT segment is required for the 276 claim status request transaction.** | **AK3*AMT*..* 2000D*3~** |
| **110** | **AMT01 / 522** | **Amount Qualifier Code** | Required | Code to qualify amount.<br><br>Must equal "T3" for the 276 claim status request transaction. | |

| Position | Segment ID / Data Element Number | Description | 276 Requirements | MassHealth Instructions | 997 AK... values or STC.. value |
|---|---|---|---|---|---|
| 110 | AMT02 / 782 | **Monetary Amount** | Required | Monetary amount. Use 0.00 to inquire upon all amounts. If non zero amount is entered, then the responses will be filtered to equal only the amount provided. Must be a valid monetary amount on the 276 claim status request transaction. | |
| 110 | AMT03 / 478 | **Credit/Debit Flag Code** | Not Used | | |

*276 Claim Status Transaction*

*Claim Submitter Trace Level - Loop 2200D*

AMT*T3*1290.50~                           *Total claim charge amount*

## Assumptions

- To remain consistent with the HIPAA guide, the value "AMT" is defined in this document as AMT00.

- For the 276 claim status request transaction the AMT segment is required when the subscriber is the patient. Because in the MassHealth implementation of HIPAA, the subscriber is always the patient, this segment is always required.

- For the 276 claim status request transaction, if AMT02 is greater than zero, the value will be used as a secondary match criteria when selecting claims to include on the response. Only claims that have an exact dollar amount match will be returned.

- For the 276 claim status request transaction, AMT02 must contain a decimal point if it contains a non-integer value.

# DTP Segment

## Example Format, Level and Loop Definition

| | | **276 / 277 Implementation Guide Data** | | **Payer Specific Data** | |
|---|---|---|---|---|---|
| **Position** | **Segment ID / Data Element Number** | **Description** | **276 Requirements** | **MassHealth Instructions** | **997 AK... values or STC.. value** |
| | | | | | |
| **Loop** | **2200D** | **CLAIM SUBMITTER TRACE NUMBER** | | | |
| **2200** | **DTP** | **Date or Time or Period** | **Required** | **To specify any or all of a date, a time, or a time period.** **The first three characters in the segment, must be "DTP".** | **AK3*DTP*..* 2100C*3~** |
| 120 | DTP01 / 374 | **Date/Time Qualifier** | Required | Code specifying type of date or time, or both date and time. Must equal "232" for the 276 transaction when the segment is present at the claim level, that is, before the SVC segment. Must equal "472" for the 276 transaction when the SVC | AK304 = 8 AK4*1*374*7* DTP01 value~ |

| Position | Segment ID / Data Element Number | Description | 277 Requirements | Payer Specific Data / MassHealth Instructions | 997 AK... values or STC.. value |
|---|---|---|---|---|---|
| | | | | segment is included in the request. | |
| 120 | DTP02 / 1250 | Date Time Period Format Qualifier | Required | Code indicating the date format, time format, or date and time format.<br><br>Must equal "RD8" for the 276 transaction within the subscriber loop. | AK304 = 8<br><br>AK4*2*1250*7* DTP02 value~ |
| 120 | DTP03 / 1251 | Date Time Period | Required | Expression of a date, a time, or range of dates, times or dates and times.<br><br>Must be two valid dates in CCYYMMDD format separated by a dash. The first date must be less than or equal to the second date. The dates cannot be future dates. For a real time request, the difference between the two dates cannot exceed six months.<br><br>If processing in batch environment, then 36 months is the greatest difference between the first and second dates. | AK304 = 8<br><br>AK4*3*1251*8* DTP03 value~ |

*276 Claim Status    Transaction*

*Claim Submitter Trace Level - Loop 2200D*

DTP*232*RD8*20020411-20020411~                                   *Service Date*

| | 276 / 277 Implementation Guide Data | | | Payer Specific Data | |
|---|---|---|---|---|---|
| Position | Segment ID / Data Element Number | Description | 277 Requirements | MassHealth Instructions | 997 AK... values or STC.. value |
| | | | | | |
| **Loop** | **2200D** | **CLAIM SUBMITTER TRACE NUMBER** | | | |
| **2200** | **DTP** | **Date or Time or Period** | **Required** | **To specify any or all of a date, a time, or a time period.**<br><br>**The first three characters in the segment, must be "DTP".** | **AK3*DTP*..* 2100C*3~** |
| 120 | DTP01 / 374 | Date/Time Qualifier | Required | Code specifying type of date or time, or both date and time.<br><br>Must equal "232" for the 276 transaction when the segment is present at the claim level, that is, before the SVC segment.<br><br>Must equal "472" for the 276 transaction when the SVC segment is included in the request. | AK304 = 8<br><br>AK4*1*374*7* DTP01 value~ |
| 120 | DTP02 / 1250 | Date Time Period Format Qualifier | Required | Code indicating the date format, time format, or date and time format.<br><br>Must equal "RD8" for the 276 transaction within the subscriber loop. | AK304 = 8<br><br>AK4*2*1250*7* DTP02 value~ |
| 120 | DTP03 / 1251 | Date Time Period | Required | Expression of a date, a time, or range of dates, times or dates and times.<br><br>Must be two valid dates in CCYYMMDD format separated by a dash. The first date must be less than or equal to the second date. The dates cannot be future dates. For a real time request, the difference between the two dates cannot exceed six months. | AK304 = 8<br><br>AK4*3*1251*8* DTP03 value~ |

*277 Claim Status Response Transaction*

DTP*472*RD8*20020411-20020411~                                    *Claim Level*

DTP*232*RD8*20020411-20020411~                                   *Service Line Level*

## Assumptions

- To remain consistent with the HIPAA guide, the value "DTP" is defined in this document as DTP00.

## REVSpc Report - Numbered Error Messages

1. "Inappropriate date qualifier"
2. "Unrecognized date of service format"
3. "Invalid date of service. Expect CCYYMMDD format"

# SVC Segment

## Example Format, Level and Loop Definition

| | | 276 / 277 Implementation Guide Data | | | Payer Specific Data | |
|---|---|---|---|---|---|---|
| **Position** | **Segment ID / Data Element Number** | **Description** | **276 Requirements** | | **MassHealth Instructions** | **997 AK... values or STC.. value** |
| | | | | | | |
| **Loop** | **2210D** | **SERVICE LINE INFORMATION** | | | | |
| **2210** | **SVC** | **Service Information** | **Situational** | | **To supply payment and control information to a provider for a particular service.** **The first three characters in the segment, must be "SVC".** **The SVC segment is required only when claim status is being requested at the claim line detail level.** **SVC03 through SVC07 are not used or not required and will be ignored if entered on the SVC segment.** | |
| **130** | **SVC01 / C003** | **COMPOSITE MEDICAL PROCEDURE IDENTIFIER** | Required | | To identify a medical procedure by its standardized codes and applicable modifiers. A required composite field of the format "HC:*5-character HCPCS code*" or "AD:*5-character American Dental Association Code*" or "NU:*3-character OP-Revenue code*. The HCPCS code can be followed by the composite field separator (in this example ":") and a modifier. Up to 4 modifiers can be entered within this format. | |
| **130** | **SVC01 – 1 / 235** | **Product/Service ID Qualifier** | Required | | Code identifying the type/source of the descriptive number used in Product/Service ID (234). | |
| **130** | **SVC01 - 2 / 234** | **Product/Service ID** | Required | | Identifying number for a product or service. | |
| **130** | **SVC01 - 3 / 1339** | **Procedure Modifier** | Situational | | This identifies special circumstances related to the performance of the service, as defined by trading partners. | |
| **130** | **SVC01 – 4 / 1339** | **Procedure Modifier** | Situational | | This identifies special circumstances related to the performance of the service, as defined by trading partners. | |

| 130 | SVC01 – 5 / 1339 | Procedure Modifier | Situational | This identifies special circumstances related to the performance of the service, as defined by trading partners. | |
|---|---|---|---|---|---|
| 130 | SVC01 – 6 / 1339 | Procedure Modifier | Situational | This identifies special circumstances related to the performance of the service, as defined by trading partners. | |
| 130 | SVC01 – 7 / 352 | Description | Not Used | | |
| 130 | SVC02 / 782 | Monetary Amount | Required | Monetary amount.  A required field containing a valid monetary amount value. A decimal point is required prior to the two decimal places to represent a non-integer value. Zero is a valid value. | |
| 130 | SVC03 / 782 | Monetary Amount | Not Used | | |
| 130 | SVC04 / 234 | Product/Service ID | Situational | Identifying number for a product or service. | |
| 130 | SVC05 / 380 | Quantity | Not Used | | |
| 130 | SVC06 / C003 | COMPOSITE MEDICAL PROCEDURE IDENTIFIER | Not Used | | |
| 130 | SVC07 / 380 | Quantity | Situational | Numeric value of quantity. | |

*276 Claim Status Request Transaction*

*Service Line Information Level* - Loop 2210D

SVC*HC:99214:1*50.01*****1~                         *Procedure code and amount*

| | | 276 / 277 Implementation Guide Data | | | Payer Specific Data | |
|---|---|---|---|---|---|---|
| Position | Segment ID / Data Element Number | Description | 277 Requirements | | MassHealth Instructions | 997 AK... values or STC.. value |
| | | | | | | |
| Loop | 2210D | SERVICE LINE INFORMATION | | | | |
| 2210 | SVC | Service Information | Required | | To supply payment and control information to a provider for a particular service.  The first three characters in the segment, must be "SVC".  The SVC segment is required only when claim status is being requested at the claim line detail level.  SVC03 through SVC07 are not used or not required and will be ignored if entered on the SVC segment. | |
| 130 | SVC01 / C003 | COMPOSITE MEDICAL PROCEDURE IDENTIFIER | Required | | To identify a medical procedure by its standardized codes and applicable modifiers.  A required composite field of the format "HC:*5-character HCPCS code*" or "AD:*5-character American Dental Association Code*" or "NU:*3-character OP-Revenue code*. The HCPCS code can be followed by the composite field separator (in this example ":") and a modifier. Up to 4 modifiers can be | |

| | | | | | |
|---|---|---|---|---|---|
| | | | | entered within this format. | |
| 130 | SVC01 – 1 / 235 | Product/Service ID Qualifier | Required | Code identifying the type/source of the descriptive number used in Product/Service ID (234). | |
| 130 | SVC01 - 2 / 234 | Product/Service ID | Required | Identifying number for a product or service. | |
| 130 | SVC01 - 3 / 1339 | Procedure Modifier | Situational | This identifies special circumstances related to the performance of the service, as defined by trading partners. | |
| 130 | SVC01 – 4 / 1339 | Procedure Modifier | Situational | This identifies special circumstances related to the performance of the service, as defined by trading partners. | |
| 130 | SVC01 – 5 / 1339 | Procedure Modifier | Situational | This identifies special circumstances related to the performance of the service, as defined by trading partners. | |
| 130 | SVC01 – 6 / 1339 | Procedure Modifier | Situational | This identifies special circumstances related to the performance of the service, as defined by trading partners. | |
| 130 | SVC01 – 7 / 352 | Description | Not Used | | |
| 130 | SVC02 / 782 | Monetary Amount | Required | Monetary amount. A required field containing a valid monetary amount value. A decimal point is required prior to the two decimal places to represent a non-integer value. Zero is a valid value. | |
| 130 | SVC03 / 782 | Monetary Amount | Required | | |
| 130 | SVC04 / 234 | Product/Service ID | Situational | Identifying number for a product or service. | |
| 130 | SVC05 / 380 | Quantity | Not Used | | |
| 130 | SVC06 / C003 | COMPOSITE MEDICAL PROCEDURE IDENTIFIER | Not Used | | |
| 130 | SVC07 / 380 | Quantity | Situational | Numeric value of quantity. | |

*277 Claim Status Response Transaction*

*Service Line Information Level* - Loop 2210D

SVC*HC:99214:1*50.01*****1~                     *Procedure code and amount*

## Assumptions

- To remain consistent with the HIPAA guide, the value "SVC" is defined in this document as SVC00.

- The SVC segment can only be included within the 276 claim status request transaction at the service line information level.

- For the REVS implementation of the HIPAA 276 claim status transaction, the medical procedure code entered in SVC01 will be used as a filter when selecting claims from the database.

- For the REVS implementation of the HIPAA 276 claim status transaction, a non-zero monetary amount entered in SVC02 will be used as a filter when selecting claims from the database.

- If the transaction contains a REF segment where REF01 = "1K" and a valid TCN value is entered in REF02, the values entered in SVC01 and SVC02 will not be used as claim selection filters.

- The SVC segment will be returned on the 277 claim status response transaction for all claims that process on a detail or line level.

## REVSpc Report - Numbered Error Messages

# STC Segment

## Example Format, Level and Loop Definition

| | | 276 / 277 Implementation Guide Data | | | Payer Specific Data | |
|---|---|---|---|---|---|---|
| Position | Segment ID / Data Element Number | Description | 277 Requirements | | MassHealth Instructions | 997 AK... values or STC.. value |
| | | | | | | |
| **Loop** | **2200D** | **CLAIM SUBMITTER TRACE NUMBER** | | | | |
| **2200** | **STC** | **Status Information** | **Required** | | **To report the status, required action, and paid information of a claim or service line.** | |
| **100** | **STC01/ C043** | **HEALTH CARE CLAIM STATUS** | Required | | Used to convey status of the entire claim or a specific service line. | |
| **100** | **STC01 – 1 / 1271** | **Industry Code** | Required | | Code indicating a code from a specific industry code list. | |
| **100** | **STC01 – 2 / 1271** | **Industry Code** | Required | | Code indicating a code from a specific industry code list. | |
| **100** | **STC01 – 3 / 98** | **Entity Identifier Code** | Situational | | Code identifying an organizational entity, a physical location, property or an individual. | |
| **100** | **STC02 / 373** | **Date** | Required | | Date expressed as CCYYMMDD | |
| **100** | **STC03 / 306** | **Action Code** | Not Used | | | |
| **100** | **STC04 / 782** | **Monetary Amount** | Required | | Monetary amount | |
| **100** | **STC05 / 782** | **Monetary Amount** | Required | | Monetary amount | |
| **100** | **STC06 / 373** | **Date** | Situational | | Date expressed as CCYYMMDD | |
| **100** | **STC07 / 591** | **Payment Method Code** | Situational | | Code identifying the method for the movement of payment instructions. | |
| **100** | **STC08 / 373** | **Date** | Situational | | Date expressed as CCYYMMDD | |
| **100** | **SVC09 / 429** | **Check Number** | Situational | | Check identification number | |

| 100 | STC10 / C043 | **HEALTH CARE CLAIM STATUS** | Situational | Used to convey status of the entire claim or a specific service line. | |
|---|---|---|---|---|---|
| 100 | STC10 – 1 / 1271 | **Industry Code** | Required | Code indicating a code from a specific industry code list. | |
| 100 | STC10 – 2 / 1271 | **Industry Code** | Required | Code indicating a code from a specific industry code list. | |
| 100 | STC10 – 3 / 98 | **Entity Identifier Code** | Situational | Code identifying an organizational entity, a physical location, property or an individual. | |
| 100 | STC11 / C043 | **HEALTH CARE CLAIM STATUS** | Situational | Used to convey status of the entire claim or a specific service line. | |
| 100 | STC11 – 1 / 1271 | **Industry Code** | Required | Code indicating a code from a specific industry code list. | |
| 100 | STC11 – 2 / 1271 | **Industry Code** | Required | Code indicating a code from a specific industry code list. | |
| 100 | STC11 – 3 / 98 | **Entity Identifier Code** | Situational | Code identifying an organizational entity, a physical location, property or an individual. | |
| 100 | STC12 / 993 | **Free-Form Message Text** | Not Used | | |

*277 Claim Status Response Transaction*

STC*A1:21*19960501**50*0~                         *Status Information*

## Assumptions

# PER Segment

## Assumptions

- The PER Segment is not required by HIPAA on either the 276 claim status request transaction and will be ignored if included.

# The following are all PC receive response edits.

## Receive_EDI_N3

## Patient's Address

If the benefit type is NO_Benfit, the patient address is a required field, if the 55 characters are not alphanumeric or invalid address, generate the following error "Invalid/missing Patient Address" with error code "97". Get the next field, if the next field is alphanumeric concatenate it to the patient address after Carriage Return Line Feed, otherwise generate error "Invalid/missing Patient Address" with error code "97".

## PCC Address

If the benefit type is PCC, the PCC address is a required field, if the 55 characters are not alphanumeric or an invalid address, generate the following error " Invalid/missing PCC Address " with error code "97". Get the next field, if the next field is alphanumeric concatenate it to the patient address after Carriage Return Line Feed, otherwise generate error "Invalid/missing PCC Address" with error code "97".

## Local Office Address

If the benefit type is LO Benefit, The Local Address is a required field, , generate the following error " Invalid/missing Local Office Address " with error code "97". Get the next field, if the next field is alphanumeric, concatenate it to the patient address after Carriage Return Line Feed, otherwise generate error "Invalid/missing Local Office Address" with error code "97". if the 55 characters are not alphanumeric or an invalid address.

## TPL Address

If the benefit type is TPL, The TPL address is a required field, if the 55 characters are not alphanumeric or an invalid address, generate the following error " Invalid/missing TPL Address " with error code "97". Get the next field, if the next field is alphanumeric, concatenate it to the patient address after Carriage Return Line Feed, otherwise generate error "Invalid/missing TPL Address" with error code "97".

## Managed Care Office Address

If the benefit type is MCO, the MCO address is a required field, if the 55 characters are not alphanumeric or an invalid address, generate the following error " Invalid/missing Managed Care Provider Address " with error code "97". Get the next field, if the next field is alphanumeric, concatenate it to the patient address after Carriage Return Line Feed, otherwise generate error "Invalid/missing Managed Care Provider Address" with error code "97".

## Long Term Care Provider Address

If the benefit type is LTC, The Long Term Care Provider address is a required field, if the 55 characters are not alphanumeric or an invalid address, generate the following error " Invalid/missing Long Term Care Provider Address " with error code "97". Get the next field, if the next field is alphanumeric, concatenate it to the patient address after Carriage Return Line Feed, otherwise generate error "Invalid/ Long Term Care Provider Address" with error code "97".

### Receive_EDI_N4

## Patient's Address

If the benefit type is NO Benefit, the patient address is a required field, validate the city is at least two characters and maximum of 30 and it's alphanumeric. Validate the state is two alphabetic characters. Validate the Zip code field.

## PCC Address

If the benefit type is PCC, the PCC address is a required field, validate the city is at least two characters and maximum of 30 and it's alphanumeric. Validate the state is two alphabetic characters. Validate the Zip code field.

## Local Office Address

If the benefit type is LO, the LO address is a required field, validate the city is at least two characters and maximum of 30 and it's alphanumeric. Validate the state is two alphabetic characters. Validate the Zip code field.

## TPL Address

If the benefit type is TPL, the TPL address is a required field, validate the city is at least two characters and maximum of 30 and it's alphanumeric. Validate the state is two alphabetic characters. Validate the Zip code field.

## Managed Care Office Address

If the benefit type is MCO, the Managed Care Office address is a required field, validate the city is at least two characters and maximum of 30 and it's alphanumeric. Validate the state is two alphabetic characters. Validate the Zip code field.

## Long Term Care Provider Address

If the benefit type is LTC, the Long Term Care Provider address is a required field, validate the city is at least two characters and maximum of 30 and it's alphanumeric. Validate the state is two alphabetic characters. Validate the Zip code field.

## PCC Name

If the benefit type is PCC benefit, validate the PCC name is alphanumeric with length of up to 35 characters.

## PCC Number

If the benefit type is PCC benefit, and the ID Code is "SV", validate the PCC number is alphanumeric with length of a minimum of 2 and up to 80 characters.

## Local Office Name

If the benefit type is Local Office benefit, validate the Local Office name is alphanumeric with length of up to 35 characters.

## Local Office Number

If the benefit type is Local Office benefit, validate the Local Office number is alphanumeric with length of a minimum of 2 and up to 80 characters.

## Third Party Liability Name

If the benefit type is Third Party Liability benefit, validate the Third Party Liability name is alphanumeric with length of up to 35 characters.

## Third Party Liability Carrier

If the benefit type is Third Party Liability benefit, validate the Third Party Liability carrier is alphanumeric with length of a minimum of 2 and up to 80 characters.

## Managed Care Name

If the benefit type is Managed Care benefit, validate the Managed Care name is alphanumeric with length of up to 35 characters.

## Managed Care Number

If the benefit type is Managed Care benefit, and the ID Code is "PI", validate the Managed Care number is alphanumeric with length of a minimum of 2 and up to 80 characters.

## Long Term Care Provider

If the benefit type is Long Term Care benefit, validate the Long Term Care provider is alphanumeric with length of up to 35 characters.

## Receive_EDI_PER

## Number Type

If the Number type is alphanumeric and the number type is "TE", or "WP" accept the phone number. If the number type is not "TE" or "WP" repeat the validation for the next two groups.

## SSN

If the segment type is not dependent, the benefit type is NO Benefit, and the field ID is "SY", get the SSN. If the SSN is not 9 digits numeric, generate the following error "Invalid SSN" and error code "43".

## Policy Number & Name

If the segment type is not dependent, the benefit type is TPL Benefit, and the field ID is "IG" or "N6", get the Policy number and Name.

## Provider Name

If the segment type is not Dependent, the benefit type is LTC Benefit, and the field ID is "1P", get the Provider Name.

## Managed care policy number and plan name

If the segment type is not dependent, and the benefit type is MCO Benefit, get the Policy number and Plan Name.

Describe the process area that represents the requirement. Repeat for additional areas.
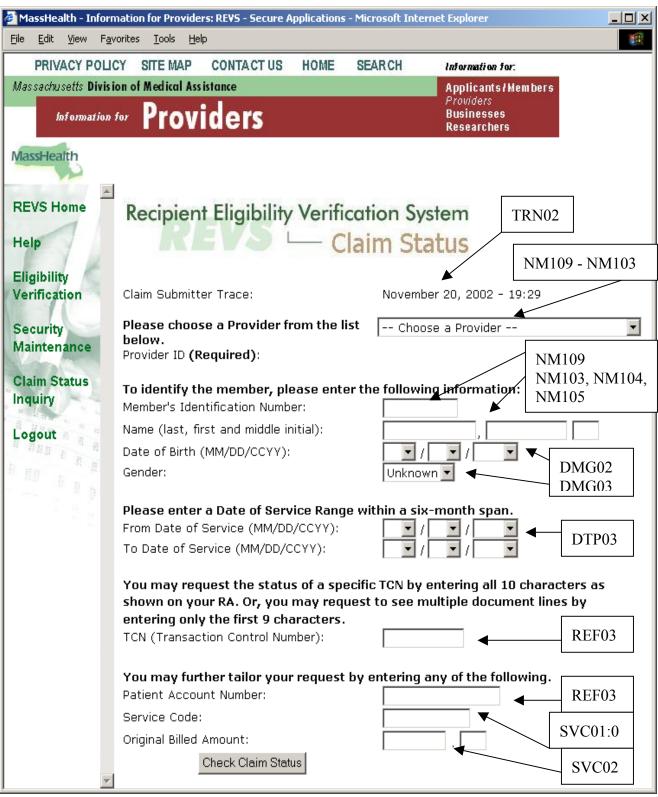
# Appendix A:

## List of Segments & Error Codes

| Segment Name | Error Code |
|---|---|
| Receive_EDI_270_Record | ZZ |
| Receive_EDI_DMG | 58 |
| Receive_EDI_DTP | 56,58 |
| Receive_EDI_N3 | 97 |
| Receive_EDI_N4 | |
| Receive_EDI_NM1 | 64 |
| Receive_EDI_PER | |

# Appendix B:

## Examples of 276 Segment Sets

## Inquiry by Member Identification Information

```
ST*276*0001~
BHT*0010*13**20020411~
```

| | |
|---|---|
| HL*1**20*1~ | **Information Source Level** |
| NM1*PR*2*MASSACHUSETTS MEDICAID*****PI*MASS XIX DMA~ | |
| | |
| HL*2*1*21*1~ | **Information Receiver Level** |
| NM1*41*2*XYZ Billing Agency*****46*XYZBILL~ | Trading Partner Name and Number |
| REF*EL*PCX999990021P~ | Equip ID, Version, Source |
| | |
| HL*4*3*22*0~ | **Subscriber Level (276 txn)** |
| DMG*D8*19981224*M~ | Subscriber DOB and gender |
| NM1*QC*1*SMITH*LUCY*B***MI*321321321~ | Member Name & Number |
| DTP*232*RD8*20020411-20020411~ | Service Date |
| REF*1K*1092ACS641~ | Claim Reference Number |
| REF*EA*1234567890123~ | Medical Record Number |

## Inquiry by (TCN) Transaction Control Number

```
ST*276*0001~
BHT*0010*13**20020411~
```

| | |
|---|---|
| HL*1**20*1~ | **Information Source Level** |
| NM1*PR*2*MASSACHUSETTS MEDICAID*****PI*MASS XIX DMA~ | |
| | |
| HL*2*1*21*1~ | **Information Receiver Level** |
| NM1*41*2*XYZ BILLING AGENCY*****46*XYZBILL~ | Trading Partner Name & Number |
| TRN*1*1234567890123~ | Transaction Originator Trace Number |
| SVC*HC:99214:1*50.01*****1~ | Procedure code and amount |
| | |
| HL*4*3*22*0~ | **Subscriber Level(276 txn)** |
| NM1*QC*1*SMITH*LUCY*B***MI*321321321~ | Member Name & Number |
| REF*1K*1092ACS641~ | Transaction Control Number |
| REF*EA*1234567890123~ | Medical Record (Patient Account) Number |

DMG*D8*19981224*M~                          Subscriber DOB and gender

TRN*1*1234567890123~                        Transaction Originator Trace Number

SVC*HC:99214:1*50.01*****1~                 Procedure code and amount

# Appendix C:

## Example of a 277 Segment Set

ST*277*0001~

BHT*0010*08**20021118*114410*DG~


HL*1**20*1~                                                    **Information Source Loop**

NM1*PR*2*MASSACHUSETTS MEDICAID*****PI*MASS XIX DMA~

PER*IC*MASSACHUSETTS MEDICAID*TE*8004627738~


HL*2*1*21*1~                                                   **Information Receiver Loop**

NM1*41*1*TESTER1*****46*TESTER1~


HL*3*2*19*1~                                                   **Service Provider Loop**

NM1*1P*1*XYZ PROVIDER*****SV*9999999~         Provider Name and Number


HL*4*3*22*0~                                                   **Subscriber Information Loop**

DMG*D8*19630308*M~                                     Date of Birth and Gender

NM1*QC*1*SMITH*ROBERT****MI*X123456478~     Name and Member ID Number

TRN*2*021118~                                              Transaction Trace Number

STC*F2:0026:QC*20021025**+000001.05*+0000000.00*20021025**20021029*F2:0088:QC~

                                                                     Claim Status Category Code

                                                                     Claim Status

                                                                     Entity Code

REF*1K*2282030303B~                              Transaction Control Number

REF*EA*W328216900~                                    Patient Account Number

DTP*232*RD8*20020409-20020409~                Date(s) of Service

SVC*HC:X0079*+0000076.46*+0000000.00****00001~     Service Code

                                                                     Billed Amount

                                                                     Paid Amount

                                                                     Units of Service

SE*19*0001~